

P0000000 57713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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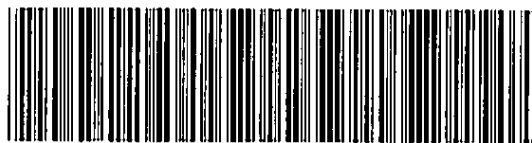
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. LEMIEUX

AUG 27 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Osceola Cancer Center, P.A.
Name of Corporation

DOCUMENT NUMBER: P00000057713

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sherry Lambson-Eisele, Esq.

Name of Contact Person

Boyd & Jenerette, P.A.

Firm/Company

800 N. Magnolia Ave., Suite 430

Address

Orlando, Florida 32803

City/State and Zip Code

seisele@boydjen.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sherry Lambson-Eisele, Esq. at 407 309-4760

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida

_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Osceola Cancer Center, P.A.
2. The principal office address: 737 W. Oak Street, Kissimmee, FL 34741

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/14/2000 Document number: P00000057713

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Sherry Lambson-Eisele, Esq.
1000 Legion Place, Suite 1200
Orlando, Florida 32801

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

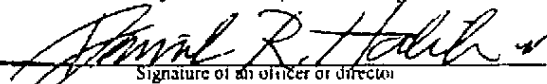
Sherry Lambson-Eisele, Esq.
800 N. Magnolia Ave., Suite 430
P.O. Box NOT acceptable
Orlando, Florida 32803

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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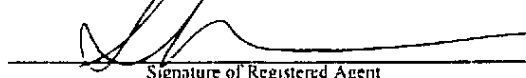
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

DANIEL R. HALILI, MD
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

08.01.19
Date

If signing on behalf of an entity:

Sherry Lambson-Eisele
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314